

To the Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450



CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Date: March 27, 2007

Express Mail Label No. 958380307 US

By: Judy Robertson
Judy Robertson

Dear Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Petronis

Serial No.: 10/616,406

Filed: December 1, 2004

For: DETECTION OF EPIGENETIC ABNORMALITIES AND DIAGNOSTIC METHOD BASED THEREON

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE
TOTAL	22	MINUS	** 24	0	x 25	\$		x 50	\$0
INDEP	6	MINUS	*** 9	0	x 100	\$		x 200	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+180	\$		+360	\$
					TOTAL	\$	OR	TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 04340-PCT-PA (0148.0041)
FORM PTO-1083

Sam Rosen
Sam Rosen
Reg. No. 37,991

03-28-07

PC 7



IAP12 Rec'd PCT/PTO 27 MAR 2007

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March 27, 2007

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VIA EXPRESS MAIL

EV 958380307 US

To Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Serial No. 10/516,406
Our Docket No. 04340-PCT-PA (0148.0041)

Dear Sir:

Enclosed herewith please find the following:

1. Response to Restriction Requirement
2. Form PTO-1083 duly executed.
3. Our post card. (Please date stamp and return.)

Thank you for your cooperation and assistance.

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By: Judy Robertson

Judy Robertson

ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS, LLP

Commissioner for Patents

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March 27, 2007

Respectfully submitted,

A handwritten signature in cursive script that reads "Sam Rosen".

Sam Rosen

SR/jjr
Enclosures

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Petronis *

Serial No.: 10/516,406 *

Filed: December 1, 2004 *

For: DETECTION OF EPIGENETIC *
ABNORMALITIES AND DIAGNOSTIC
METHOD BASED THEREON

Art Unit: 1634

Examiner: Carla Myers

AMENDMENT

To the Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Restriction Requirement of February 27, 2007.

Please amend the claims as shown on the following pages.